FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90107 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043411

1. Entity Name

CHUMI REAL ESTATE HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

822160

2. Principal Place of Business	3. Mailing Address
800 Brickell Avenue	800 Brickell Avenue
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0993673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard J. Razook

Street Address (P.O. Box Number is Not Acceptable): 800 Brickell Avenue Suite 201

City: Miami FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ 1-30-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P,T,D	TITLE	
NAME	MICHEL DACCACH	NAME	
STREET ADDRESS	1045 Mariner Drive	STREET ADDRESS	
CITY-ST-ZIP	Key Biscayne, Florida 33149	CITY-ST-ZIP	
TITLE	VP, S, D	TITLE	
NAME	Sonia Daccach	NAME	
STREET ADDRESS	1045 Mariner Drive	STREET ADDRESS	
CITY-ST-ZIP	Key Biscayne, Florida 33149	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ President 01-30-02 (305) 808-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #